

Name
in
Full

Edward Miller Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

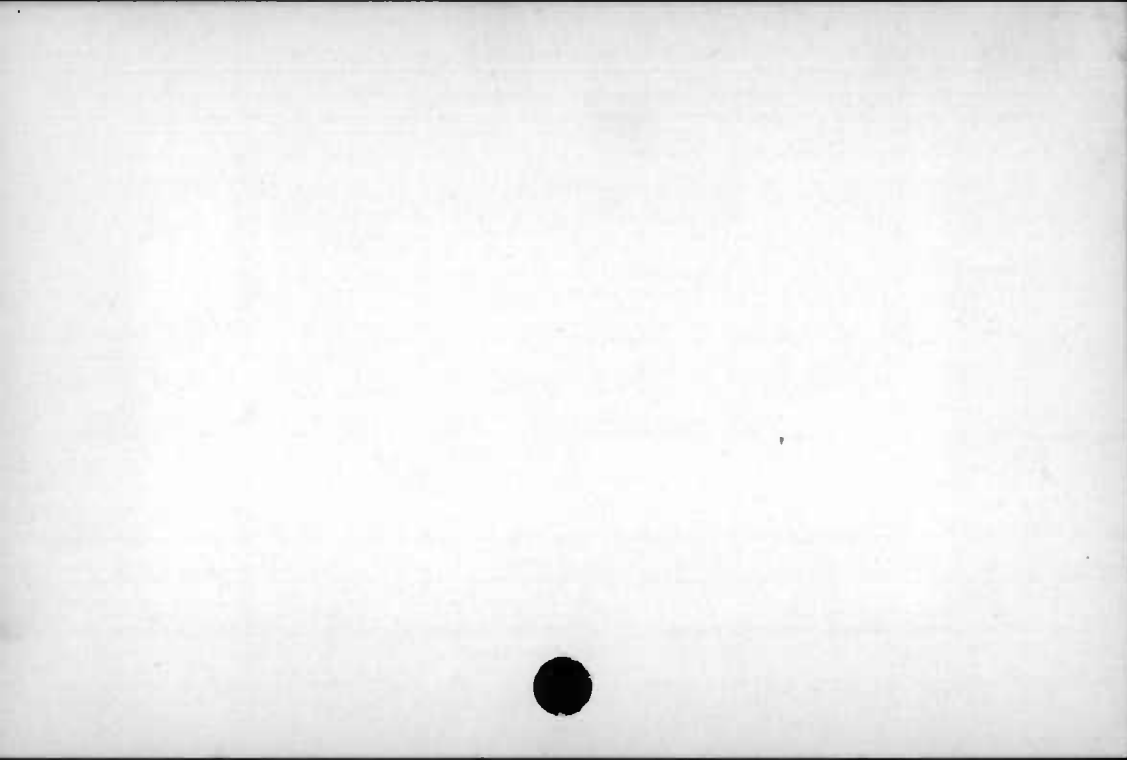
Died at <i>Darlington</i>		Town <i>Horton</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>19</i>	Age <i>77</i>	Years	Months <i>11</i>	Days <i>11</i>	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>				
Occupation <i>Lawyer</i>	Where Residing if not at place of death						
<input checked="" type="checkbox"/> Widowed	Name of Wife or Husband <i>Sallie E. Wilson</i>						
Father's Name <i>Richard Allen</i>	Father's Birthplace <i>Ind</i>						
Mother's Maiden Name <i>Adeline Miller</i>	Mother's Birthplace <i>Ind</i>						
Name of person giving information <i>Edw Allen Jr</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Aortic Incompetency</i>	How long <i>35-40 yrs</i>
Immediate <i>Failure of Compensation + Dyspnoea</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W B Stark</i>
	Address <i>Darlington Maryland</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

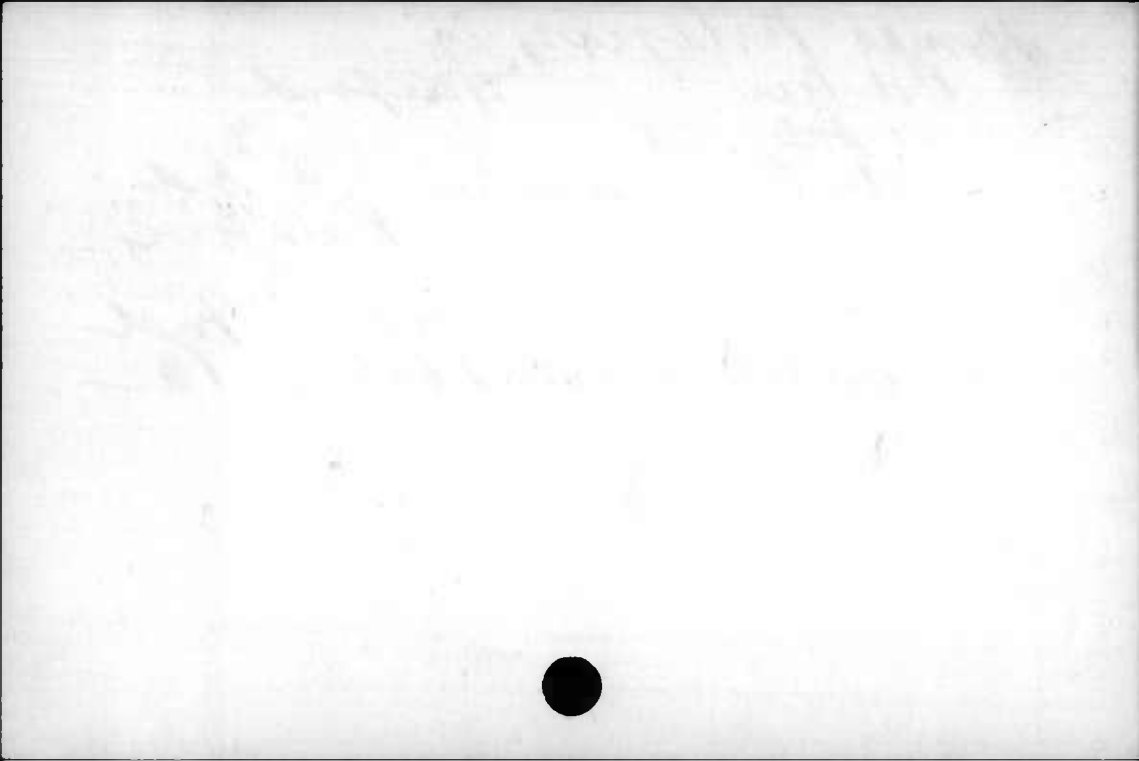
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Elizabeth Amos</i>		Town <i>Garrettsville</i>		County <i>Harford</i>		State <i>MARYLAND</i>	
Died at <i>Garrettsville</i>		Date of death <i>1907</i>		Age <i>29</i>		Months <i>7</i>	
Month <i>July</i>		Day <i>23rd</i>		Years <i>29</i>		Days <i>3</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Harford Co. Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James Amos Jr</i>					
Father's Name <i>Edmund Keel</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Annie Turner</i>		Mother's Birthplace <i>do do</i>					
Name of person giving information <i>Joe Amos</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Sapraemia</i>	How long <i>4 days</i>
Immediate <i>Carditis</i>	How long <i>24 hrs -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Peers H Mc Newmar</i>
	Address <i>Garrettsville Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James M. Ayers Jr
Died at Belt Air Town Harford County MARYLAND
Date of death 1907 Month July Day 29 Age — Years 8 Months — Days —
Sex Male Color or Race White Birth-place Ind
Occupation — Where Residing if not at place of death Belt Air
Single Name of Wife or Husband —
Father's Name J. Robert Ayers Father's Birthplace Ind
Mother's Maiden Name Sadie J. Campbell Mother's Birthplace Pa
Name of person giving information J. R. Ayers How related to deceased Father

CAUSES OF DEATH

(54)

PHYSICIAN
OR CORONER

Primary Penic Pneumonia How long 2 mos.
Immediate — How long —

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Ednae Richman
Belt Air

Address

Accident or Suicide?



Name
in
Full

Nellie M. Backer

CERTIFICATE OF DEATH

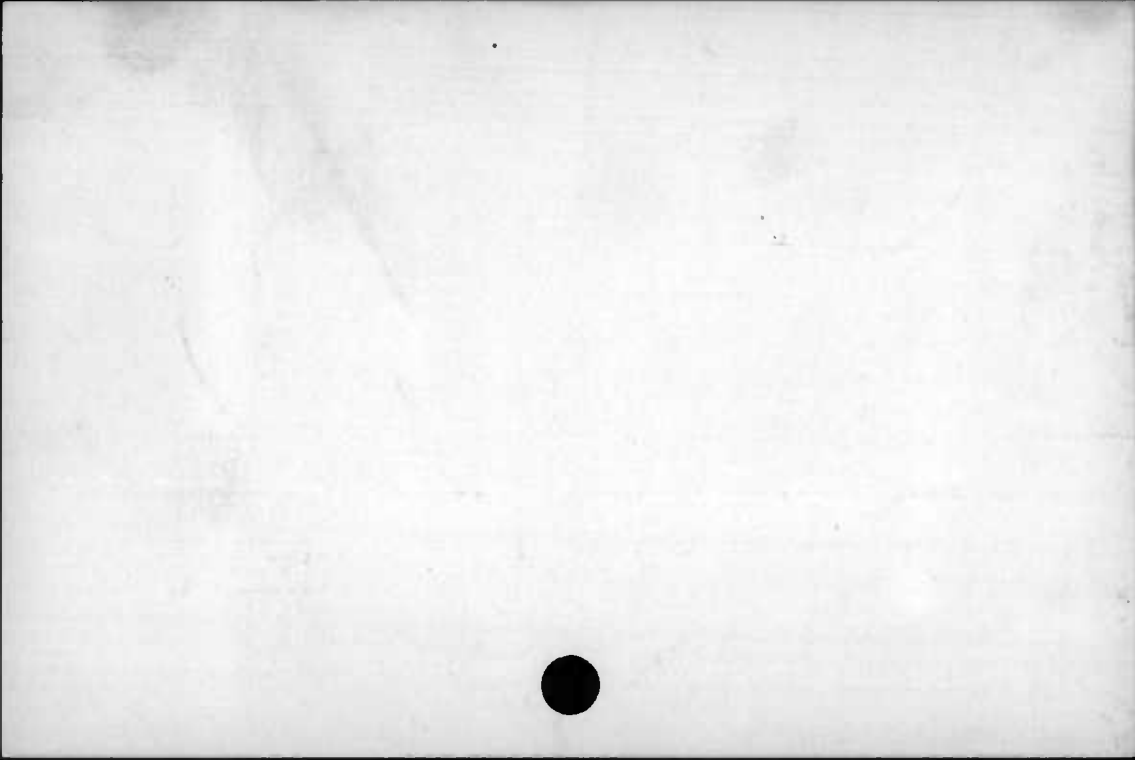
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harre de Grace</i> ^{Twp} <i>Harford</i> County		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>July</i> ^{Day} <i>10th</i> ^{Age} <i>105</i> ^{Years} <i>1</i> ^{Months} <i>1</i> ^{Days} <i>1</i>	Sex <i>Female</i> Color or Race <i>White</i> Birth-place <i>Harre de Grace</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Geo. H. Backer</i>	Father's Birthplace <i>Harre de Grace</i>		
Mother's Maiden Name <i>Nellie Boyd</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Mrs Geo Backer</i>	How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i> <i>105</i> ^{How long} <i>1 week</i>	Signature of Physician <i>J. L. Hopkins</i> Address <i>Harre de Grace Md</i>
Immediate <i>—</i> ^{How long} <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Accident or Suicide? <i>—</i>
<i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bale</u> Town		<u>Harford</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>23</u>	Age <u>83</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ireland</u>		
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>Bale</u>			
Married, Single <u>Widowed</u>		Name of Wife or Husband <u>Bridget Callahan</u>			
Father's Name <u>Queen Callahan</u>		Father's Birthplace <u>Ireland</u>			
Mother's Maiden Name <u>Catharine Callahan</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>Charles J. Callahan</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

(195)

PHYSICIAN
OR CORONER

Primary <u>General Breakdown</u>	How long <u>don't know</u>
Immediate <u>Hypostatic Pneumonia</u>	How long <u>about 2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. F. Vant Silver</u>
	Address <u>Bel Air</u>
Accident or Suicide? <u>No.</u>	<u>Id</u>

St. Stephens

CERTIFICATE OF DEATH

Died at <u>Jerusalem</u>		Town <u>Harford</u>		County <u>MARYLAND</u>	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>11</u>	Age <u>65</u>	Years <u>5</u>	Months <u>22</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Ind</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>same</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Anna Cassidy</u>				
Father's Name <u>Wm Cassidy</u>	Father's Birthplace <u>Pa</u>				
Mother's Maiden Name <u>Julia Cassidy</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Clara Cassidy</u>	How related to deceased <u>wife</u>				

CAUSES OF DEATH

64

Primary	<i>Memoranda + Typhoid</i>	How long	<i>out wash</i>
Immediate	<i>Abolish</i>	How long	<i>11</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. F. H. G. S. S. C. H.</i>
		Address	<i>Dora M. G.</i>
Accident or Suicide?			

Duplicate

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Trifield S Chatterton

Died at *Macdon* ^{Town} *Harford* ^{County}

MARYLAND

Date of death *1907* ^{Month} *7* ^{Day} *14* ^{Year} *76* ^{Months} ^{Days}

Sex *Male* Color or Race *white* Birth-place *Vermont*

Occupation *Invalid* Where Residing if not at place of death *Street and*

~~Married, Single or Widowed~~ *Widow* Name of Wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Hooper* How related to deceased *Son in Law*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculosis* **(27)** How long *unknown*

Immediate

Are the name, age, sex, color, date and place correctly given above?

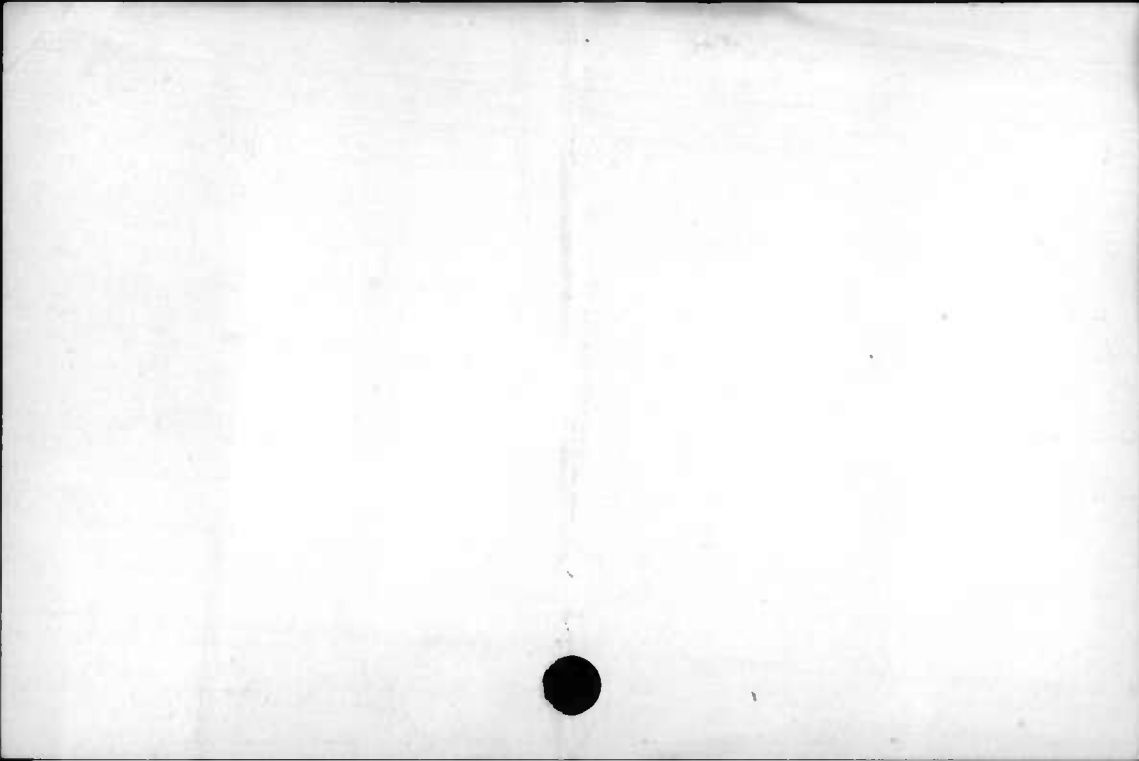
Signature of Physician

Address

Yes

C. J. Thomas
Street and

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

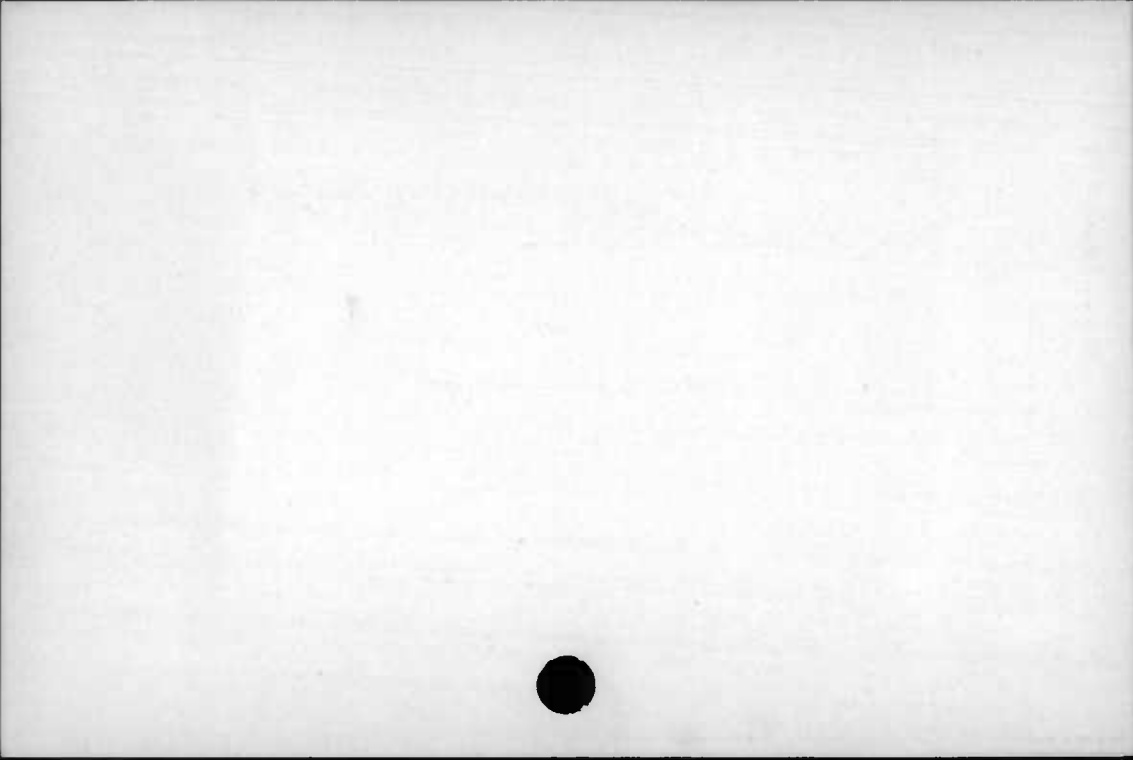
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Darlington</i>		County <i>Harford</i>		State <i>MARYLAND</i>	
Date of death		Month <i>July</i>	Day <i>25</i>	Age <i>71</i>	Years <i>71</i>	Month <i>4</i>	Days <i>8</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place			
Occupation <i>carpenter</i>		Where Residing if not at place of death					
Married, Single <i>Married</i>		Name of Wife or Husband <i>Rebecca J. Glendinning</i>					
Father's Name <i>Fredrick Deon</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Mary Hyde</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Rebecca Deon</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Asthma</i>	(97)	How long	<i>2 yrs</i>
Immediate	<i>Heart Failure</i>		How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>W.D. Smith M.D.</i>	
			Address <i>Darlington Md.</i>	
Accident or Suicide?				



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

of death

1907

Month

July

Day

30

Age

Years

Months

5

Days

22

Sex

Female

Color or
Race

White

Birth-
place

Horn delance

Occupation

Infant

Where Residing if not
at place of deathMarried, Single
or Widowed

Infant

Name of Wife or
HusbandFather's
Name

William Evans

Father's
Birthplace

Md

Mother's
Maiden Name

Hornath Devar

Mother's
Birthplace

Md

Name of person giving
In formation

Hornath Devar

How related
to deceased

Mother

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

1 wk

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Horn delance
Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Ella On Everett

CERTIFICATE OF DEATH

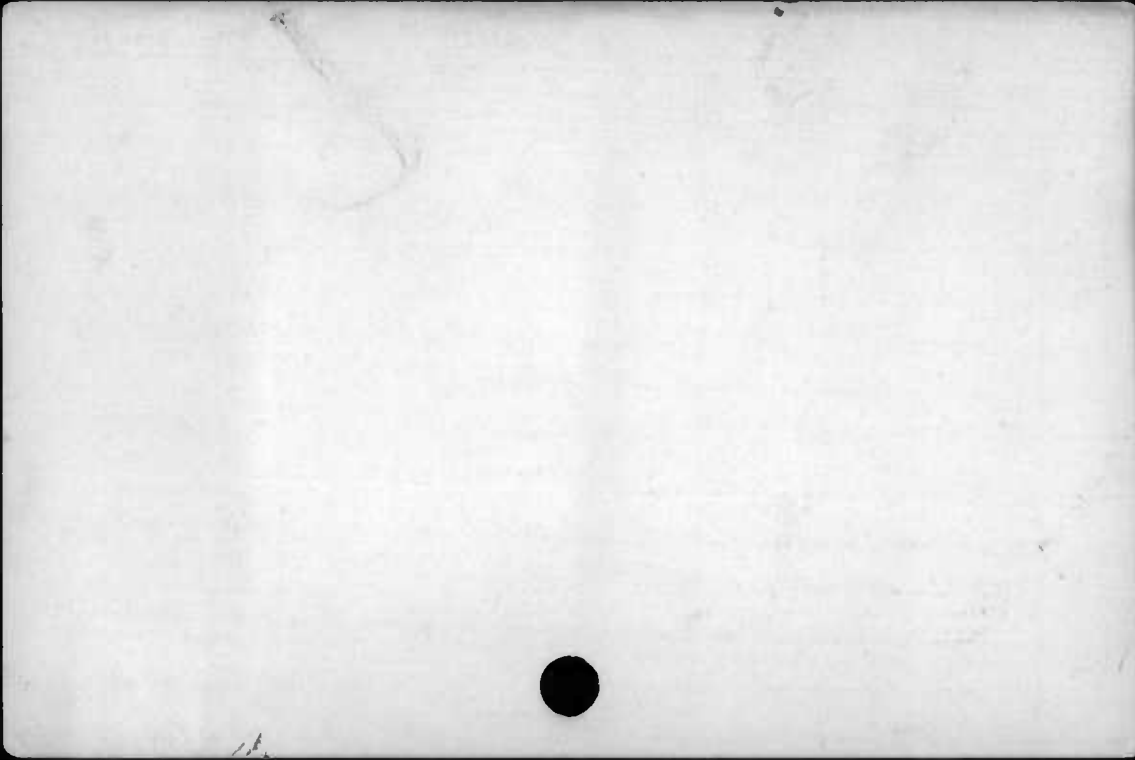
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Summerville</i> Town		<i>Harford</i> County		MARYLAND	
Date of death	<i>1907</i> Month	<i>7</i> Day	<i>23</i> Age	<i>11</i> Years	<i>0</i> Months
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Granite</i>
Occupation	Where Residing if not at place of Death				
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Walter Everett</i>			Father's Birthplace	<i>Harford</i>
Mother's Maiden Name	<i>Lou Nathan</i>			Mother's Birthplace	<i>Granite</i>
Name of person giving information	<i>Dr. H. E. Smith</i>			How related to deceased	<i>His way</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Jaundice</i>	How long	<i>14 day</i>
Immediate	<i>Hepatitis</i>	How long	<i>4 ..</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Carl L. H. Smith</i>
		Address	<i>Bldg. 200</i>
Accident or Suicide?	<i>Neither</i>		<i>Med</i>



Name
in
Full

Bryson S. Bruce

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

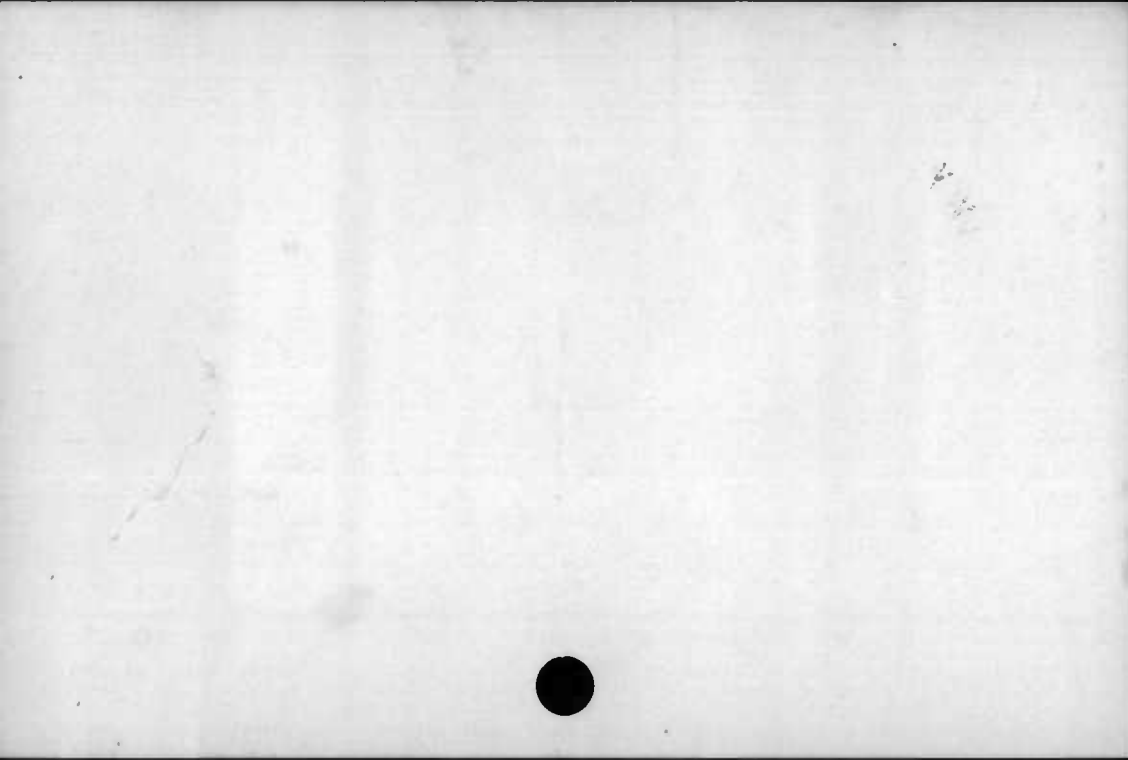
Died at <u>Frost Hill</u> Town		County <u>Hayward</u> MARYLAND				
Date of death	1907	Month <u>7</u>	Day <u>31</u>	Age <u>1</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Frost Hill</u>			
Occupation			Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>			Name of Wife or Husband			
Father's Name <u>Wm W Bruce</u>			Father's Birthplace <u>Hayward Co</u>			
Mother's Maiden Name <u>Hannah B. Ward</u>			Mother's Birthplace <u>" "</u>			
Name of person giving Information <u>Wm B. Bruce</u>			How related to deceased <u>Father</u>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Enterocolitis</u>	How long	<u>One week</u>
Immediate	<u>Meningitis</u>	How long	<u>Two days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. P. Anderson</u>	
		Address <u>Frost Hill Ind.</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Isaac Benjamin Gallows
Haned Grace

Town

County

MARYLAND

Date

of death 1907

Month

July

Day

4

Age

Years

74

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Baltimore Co

Occupation

Labor

Where Residing if not
at place of death

at Home

Married, Single
or Widowed

Married

Name of Wife or
Husband

Marie Gallows

Father's
Name

Isaac Benjamin Gallows

Father's
Birthplace

Don't know

Mother's
Maiden Name

Annie Ross

Mother's
Birthplace

Haned Grace

Name of person giving
In formation

Wilton Gallows

How related
to deceased

son

CAUSES OF DEATH

79

Primary

Valvular Heart disease

How long

Many months

Immediate

"

"

"

"

"

Are the name, age, sex, color, date
and place correctly given above?

Yes

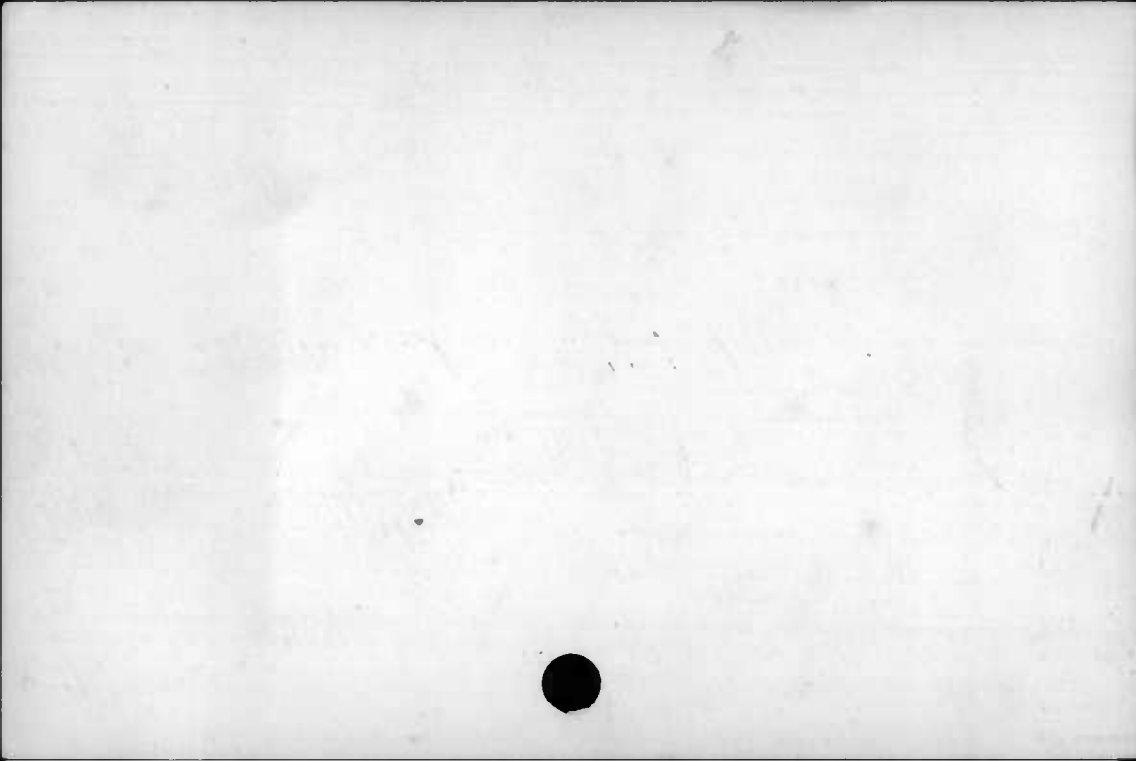
Signature of
Physician

A. C. Crother

Address

Haned Grace
Maryland

Accident or Suicide?



Name
in
Full

Rachel A. H. Giler

CERTIFICATE OF DEATH

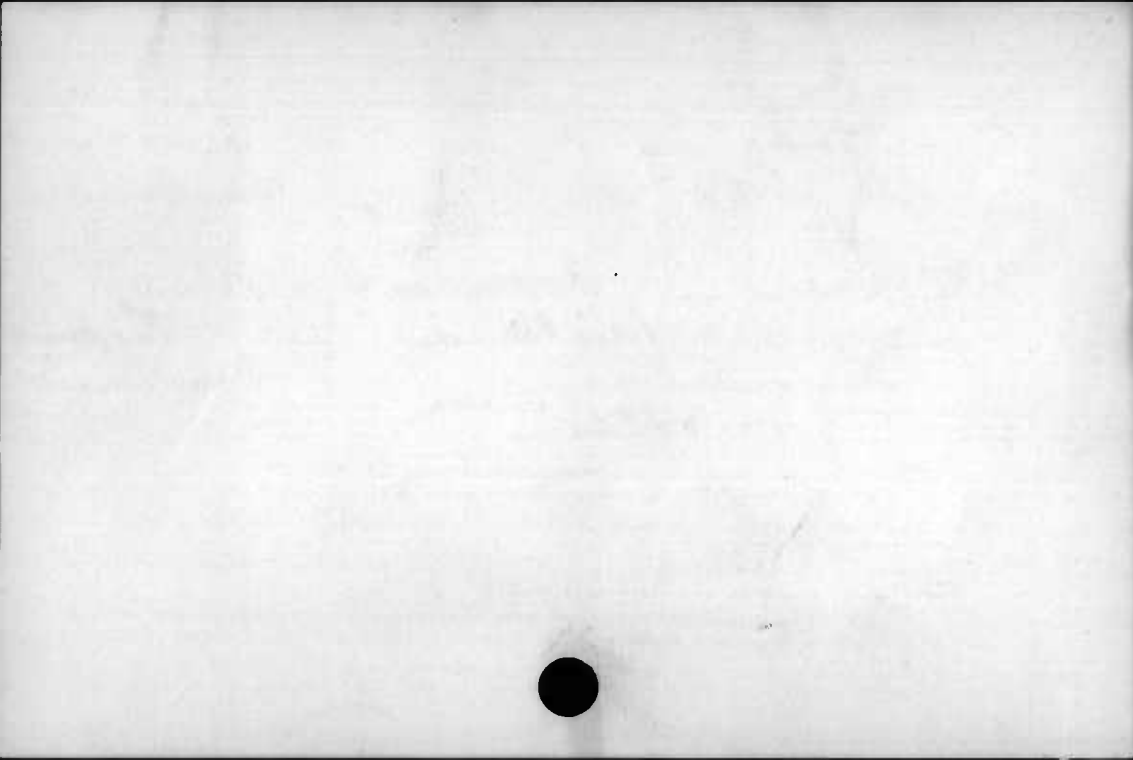
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Harre de Grace</i> ^{County} <i>Harford</i>		MARYLAND	
Date of death	^{Month} <i>July</i> ^{Day} <i>28</i> ^{Years} <i>91</i>	^{Months} <i>—</i>	^{Days} <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Cecil Co,</i>	
Occupation <i>Home work</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Henry Giler</i>		
Father's Name <i>Aminta Gorden</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Geo Giler</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>66</i>	How long
Immediate <i>Paralysis</i>		How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. H. Smith</i>	
	Address <i>Harre de Grace Md</i>	
Accident or Suicide?		



Name
in
Full

Charlotte Gillen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

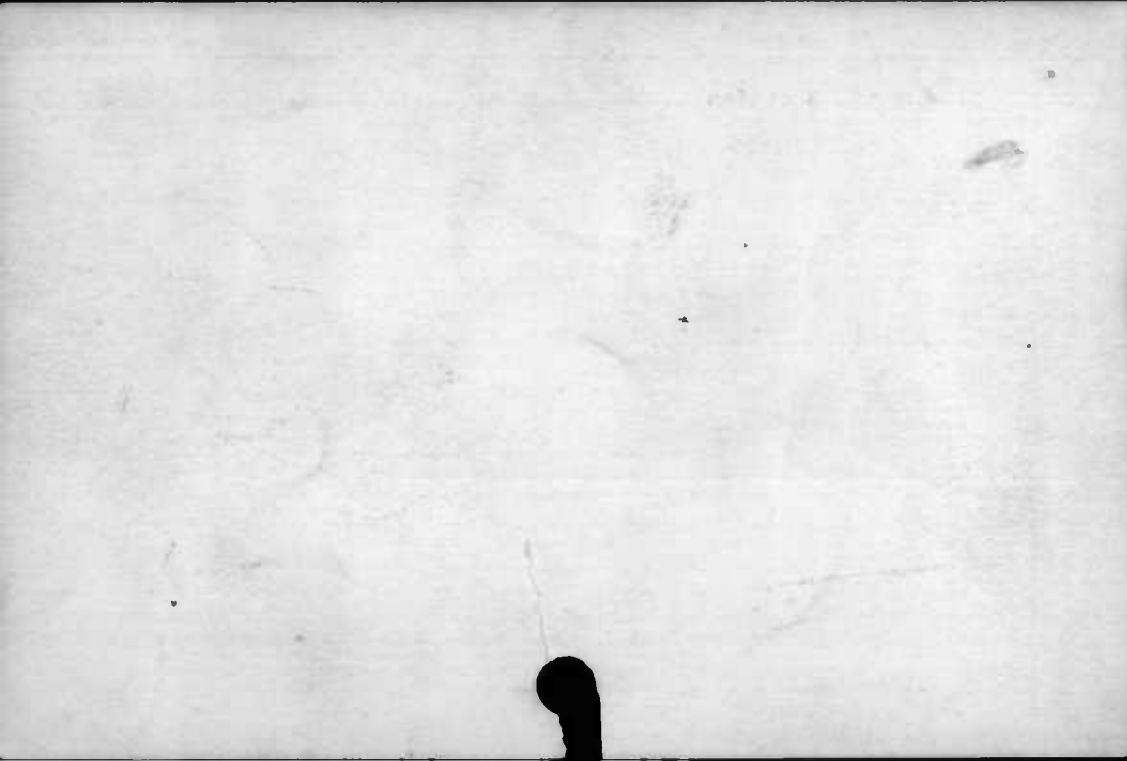
Died at Near Corvins		Town Harford		County MARYLAND	
Date of death	1907	Month	July	Day	25
Age	83	Years	8	Months	9
Sex	Female	Color or Race	White	Birthplace	Near Corvins
Occupation	Housework	Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Frankie Gillen		
Father's Name	Aquien Greenland	Father's Birthplace	Near Hopkinton		
Mother's Maiden Name	Harriette C. Green	Mother's Birthplace	Near Corvins		
Name of person giving information	J M Gillen	How related to deceased			

CAUSES OF DEATH

(41)

PHYSICIAN
OR CORONER

Primary	Cancer of Rectum	How long	one year
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Chas H Kielt
		Address	Aberdeen
Accident or Suicide?			no



Name
in
Full

Annie P. Grubb.

CERTIFICATE OF DEATH

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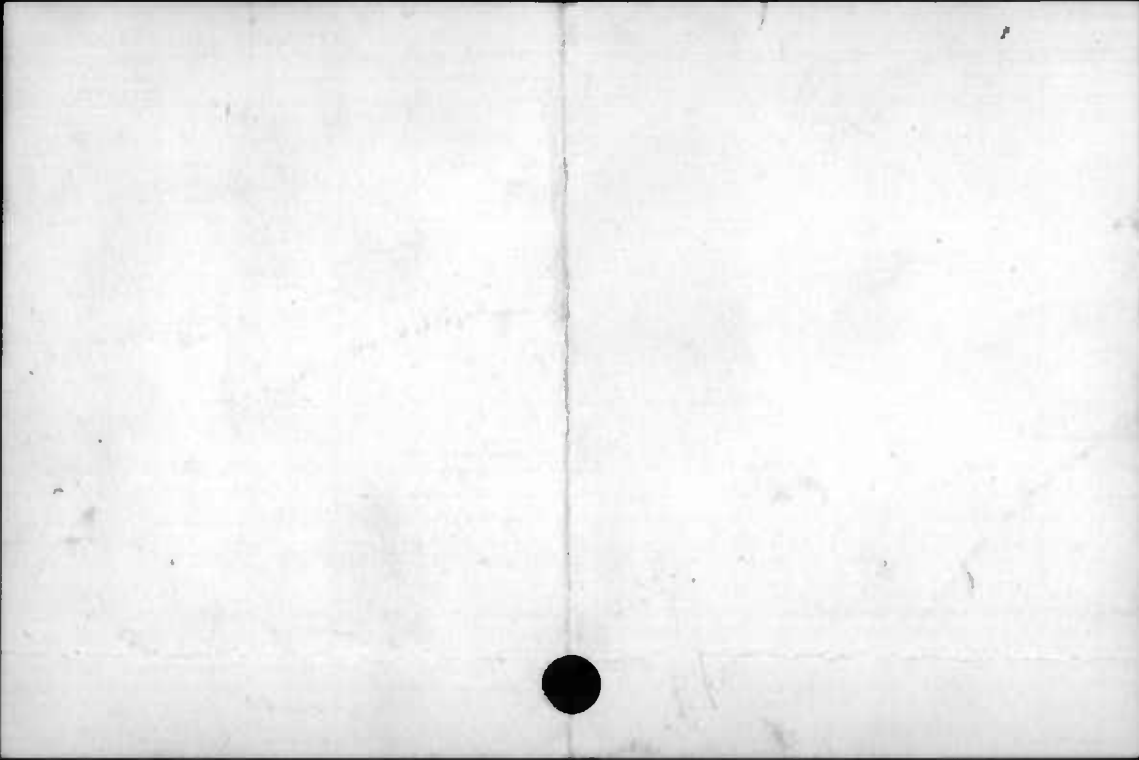
Died at ^{Town} <i>Castleton</i>		^{County} <i>Harford</i>		MARYLAND	
Date of death	1907	Month	<i>July</i>	Day	<i>17</i>
Age	<i>3.2</i>	Years		Months	
Sex	<i>female</i>	Color or Race	<i>white</i>	Birth-place	<i>Phila</i>
Occupation	<i>Housework</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband <i>John H. Grubb.</i>			
Father's Name	<i>James Padon</i>			Father's Birthplace	<i>Phila</i>
Mother's Maiden Name	<i>Mary Magee</i>			Mother's Birthplace	<i>Phila</i>
Name of person giving information	<i>John H. Grubb</i>			How related to deceased	<i>Husband</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>8 months</i>
Immediate	<i>Paralysis</i>	How long	<i>✓</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>S. M. Fagan M.D.</i>	
		Address	
		<i>Conowingo, Md.</i>	
Accident or Suicide?			



Name
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Full

Israel Hall

CERTIFICATE OF DEATH

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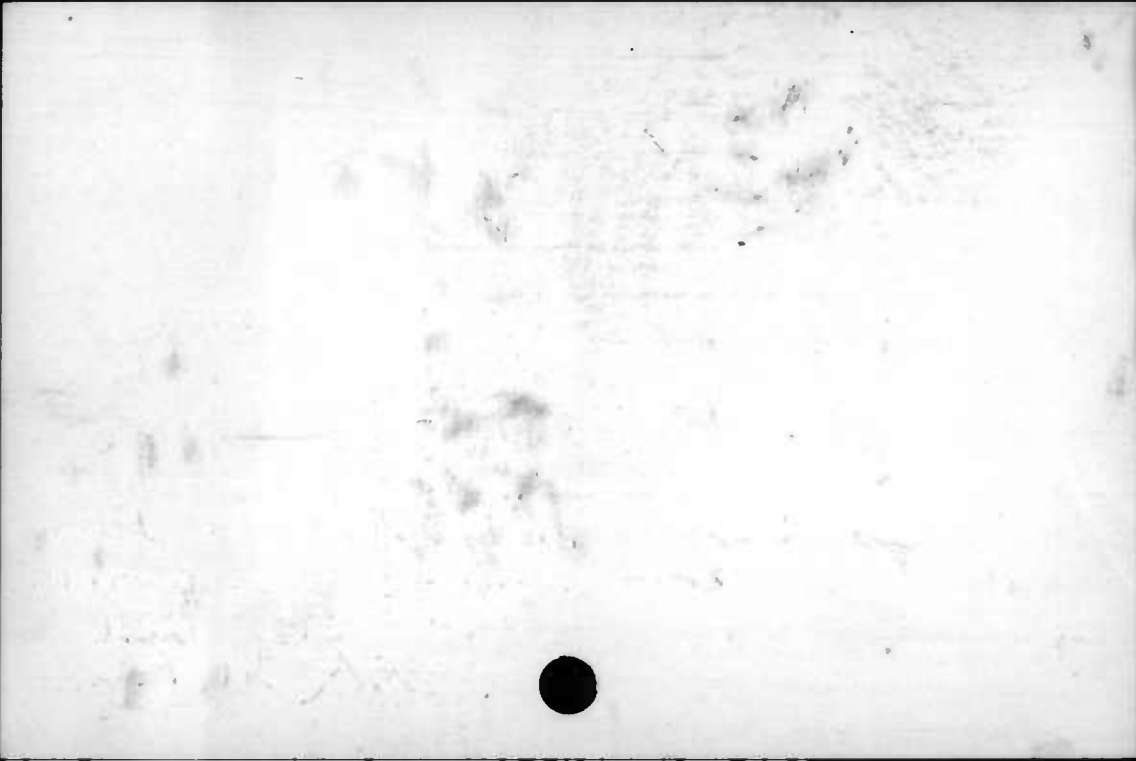
Died at <i>Mountain</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>7</i>	Day <i>26</i>	Age <i>75</i>	Months <i>✓</i>	Days <i>✓</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Maryland</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Rosa Hall</i>				
Father's Name <i>George Hall</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>✓</i>		
Mother's Maiden Name <i>Unknown</i>	How related to deceased <i>son in law</i>				
Name of person giving information <i>Benjamin Talbot</i>					

CAUSES OF DEATH

(79)

PHYSICIAN
OR CORONER

Primary <i>valvular disease heart</i>	How long <i>one year</i>
Immediate <i>Blood Clot - heart</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. F. H. Goswick</i>
	Address <i>Fork Md</i>
Accident or Suicide? <i>✓</i>	



Name
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Full

CERTIFICATE OF DEATH

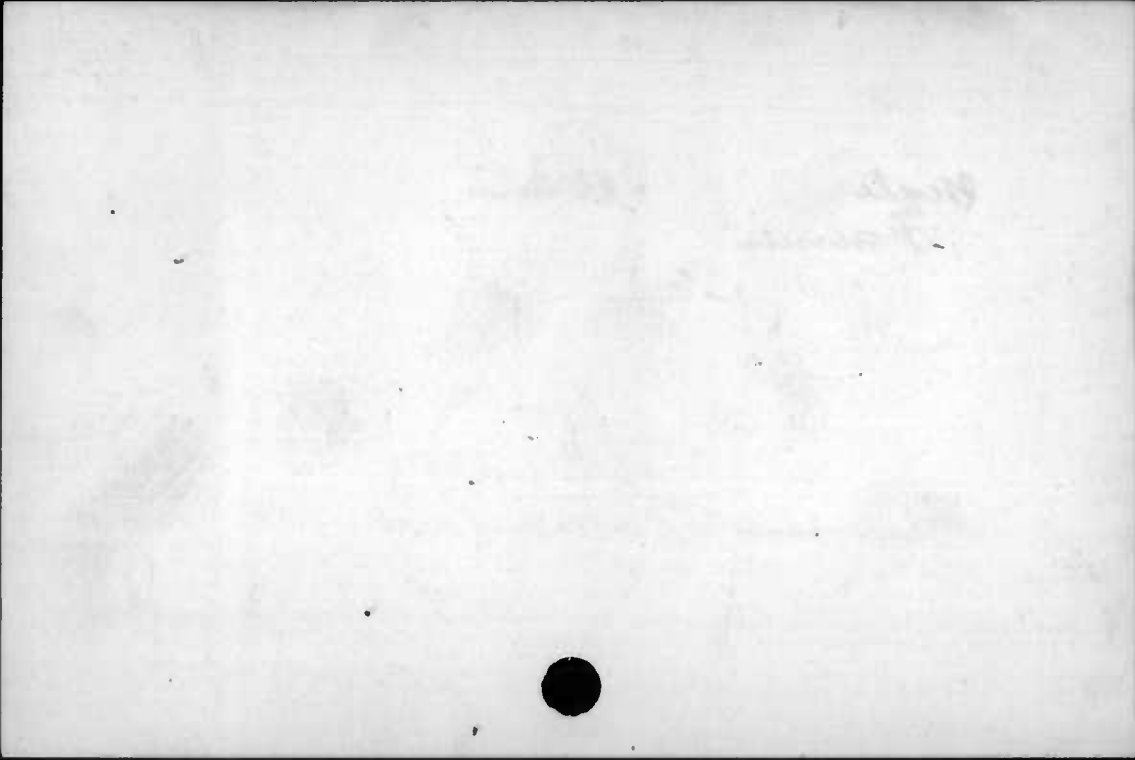
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pylesville</i> Town <i>Md.</i> County <i>Heaps</i>		MARYLAND	
Date of death <i>1907</i> Month <i>July</i> Day <i>24</i>	Age <i>24</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Pylesville Md.</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Clifton Heaps</i>	Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Eva Enfield</i>	Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>James Enfield</i>	How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dead Born</i>	How long <i>—</i>
Immediate <i>Dead Born</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Vallic Hawkins Md.</i>
	Address <i>Fawn Groof - Pa.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

A. Haviland Hull.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Forest Hill.</i>		County <i>Harford.</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>7th</i>		Day <i>31.</i>	
Age <i>69</i>		Years <i>2</i>		Months <i>14.</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>New York State</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Letitia P. Hull.</i>			
Father's Name <i>Abel A. Hull.</i>		Father's Birthplace <i>New York State</i>			
Mother's Maiden Name <i>Almira Ann Haviland</i>		Mother's Birthplace <i>New York State</i>			
Name of person giving information <i>Abel A. Hull</i>		How related to deceased <i>Son.</i>			

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary <i>Pericardial Anemia</i>	How long <i>9 m.o.</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. P. Smithson</i>
	Address <i>Forest Hill Md</i>
Accident or Suicide? <i></i>	

18 00

2 00

3 50

50

2 0 8 5 0
2 4 0
1 8 3 5 0

Name
in
Full

CERTIFICATE OF DEATH

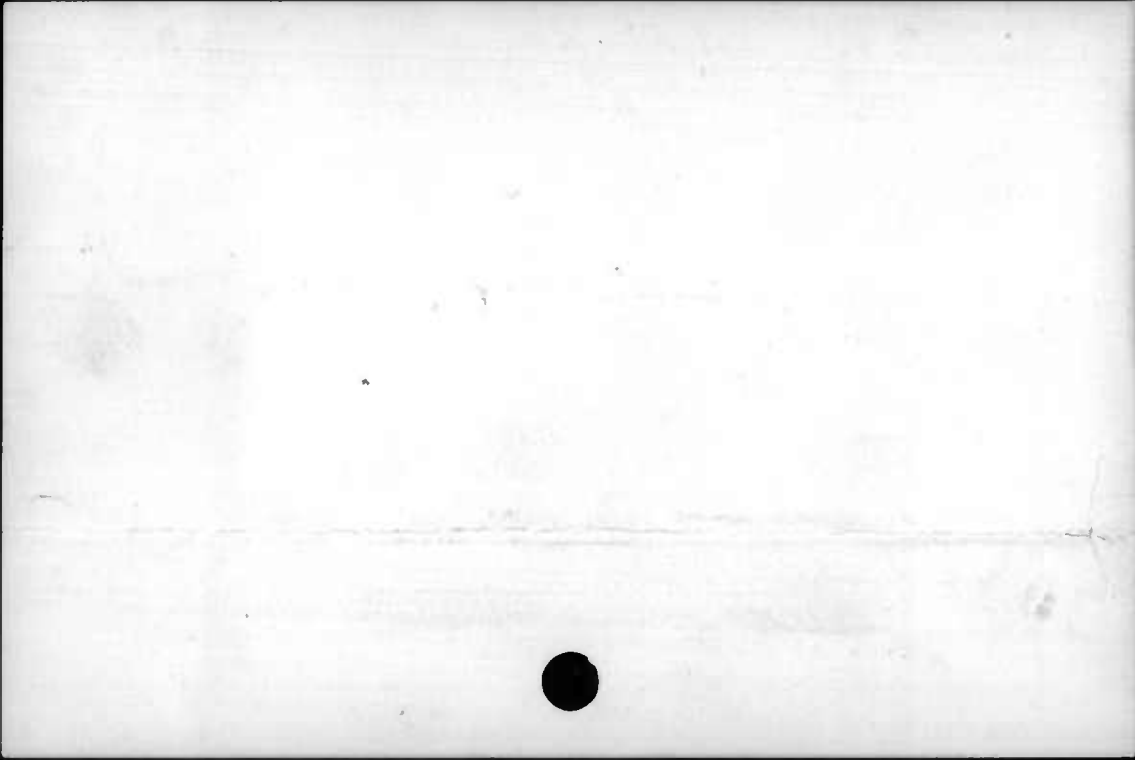
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		July	12	67			
Sex		Color or Race		Birthplace			
Male		White		Balt. Co.			
Occupation		Where Residing if not at place of death					
Farmer		Scott Md.					
Married, Single or Widowed		Name of Wife					
Single		Alicia Johnson					
Father's Name		Father's Birthplace					
John Johnson		Balt. Co.					
Mother's Maiden Name		Mother's Birthplace					
Sophia Hendon		Harford Co.					
Name of person giving information		How related to deceased					
Robert Johnson		Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Septicaemia	How long	5 Months.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Geo W. Davis	
		Address	
		Pleasantville, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		July	25				4
Sex	Male	Color or Race	White	Birth-place	Harrods Creek		
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Benjamin Kume			Father's Birthplace			
Mother's Maiden Name	Lottie Johnson			Mother's Birthplace			
Name of person giving information	Benjamin Kume			How related to deceased			
				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	Address
Accident or Suicide?	

152

How long

How long

2 hours

Signature of Physician

Address



Name
in
Full

CERTIFICATE OF DEATH

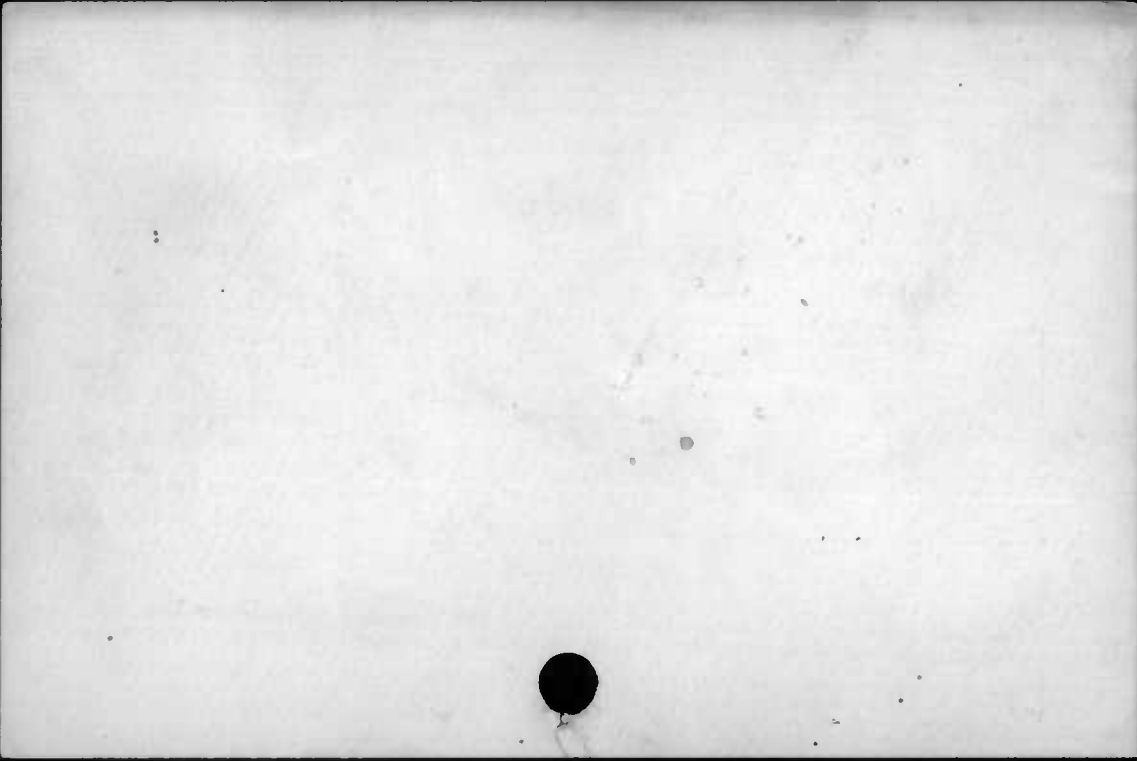
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Maude R. Kennedy</i>		Town <i>Forest Hill</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Forest Hill</i>		Month <i>July</i>		Day <i>11th</i>		Age <i>23</i>	
Date of death <i>1907</i>		Month <i>July</i>		Day <i>11th</i>		Age <i>23</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Forest Hill</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Charles L. Kennedy</i>		Father's Birthplace <i>Up Roads Harford Co</i>					
Mother's Maiden Name <i>Sarah E</i>		Mother's Birthplace <i>Cherry Hill</i>					
Name of person giving information <i>Charles L. Kennedy</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Nephritis (119)</i>	How long	<i>2 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Charles W. Famous</i>	
		Address <i>Street P.O. and.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i>		County <i>Hanover</i>		MARYLAND	
Date of death	1907	Month	July	Day	30
Age	70	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Ind.
Occupation	Labourer	Where Residing if not at place of death <i>Bel Air</i>			
Married, Single or Widowed	<input checked="" type="checkbox"/> Married	Name of Wife or Husband <i>Margaret A. Michael</i>			
Father's Name	<i>Wm. Michael</i>			Father's Birthplace	<i>Ind.</i>
Mother's Maiden Name	<i>Charlotte Lawder</i>			Mother's Birthplace	<i>Ind.</i>
Name of person giving information	<i>Myrtle Chesney</i>			How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

(63)

PHYSICIAN
OR CORONER

Primary	<i>Spinal Sclerosis</i>	How long	<i>10 years</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Amelia H. Huppert</i>	
<i>Yes</i>		Address <i>Bel Air</i>	
Accident or Suicide?			

Mount Zion

Name
in
Full

Hannah Oldfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

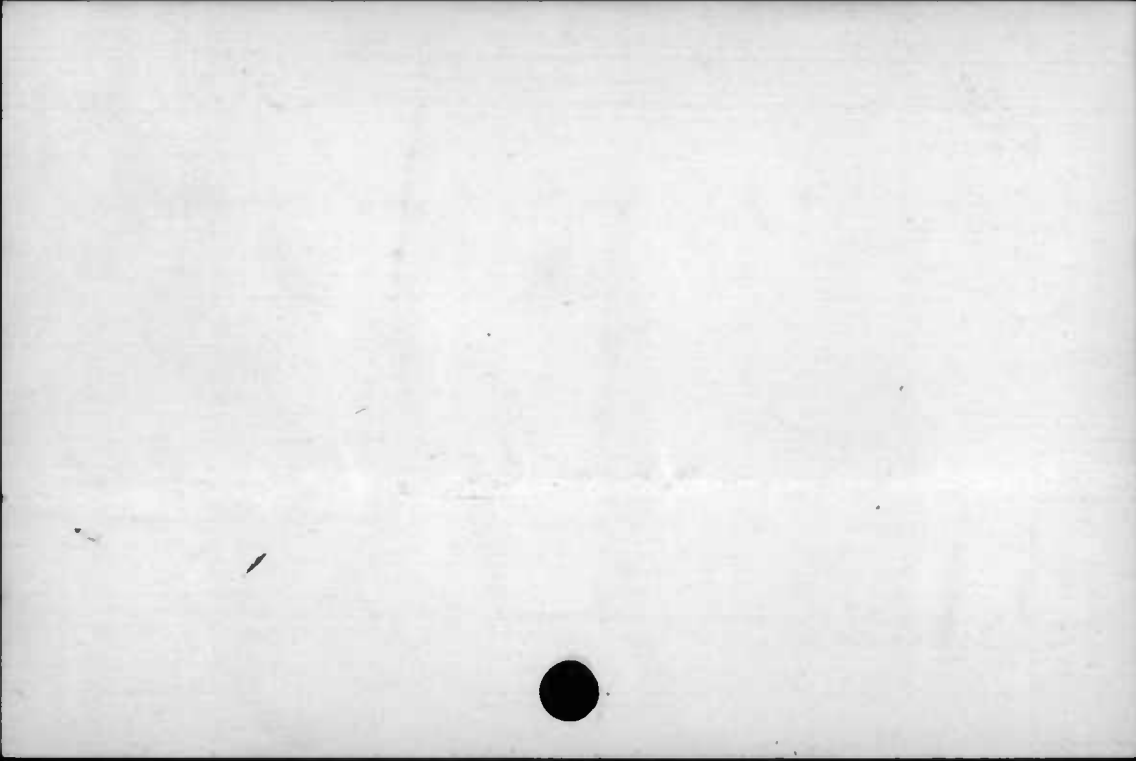
Died at		Town		County		MARYLAND	
Date of death 190	7	Month	July	Day	10	Age	83
Sex	Female		Color or Race	White		Birth-place	Pa
Married, Single or Widowed	Widowed		Occupation				
Name of Wife or Husband		Wm Oldfield					
Father's Name		Wm Carter		Father's Birthplace		Pa	
Mother's Maiden Name		Dorcas Baker		Mother's Birthplace		Pa	
Name of person giving In formation		Mrs Fannie Hunt		How related to deceased		Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	age	How long	
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		C. A. Jenningsworth	
		Address	
		Brl Air	
Accident or Suicide?		Med	

154



Name

in
Full

CERTIFICATE OF DEATH

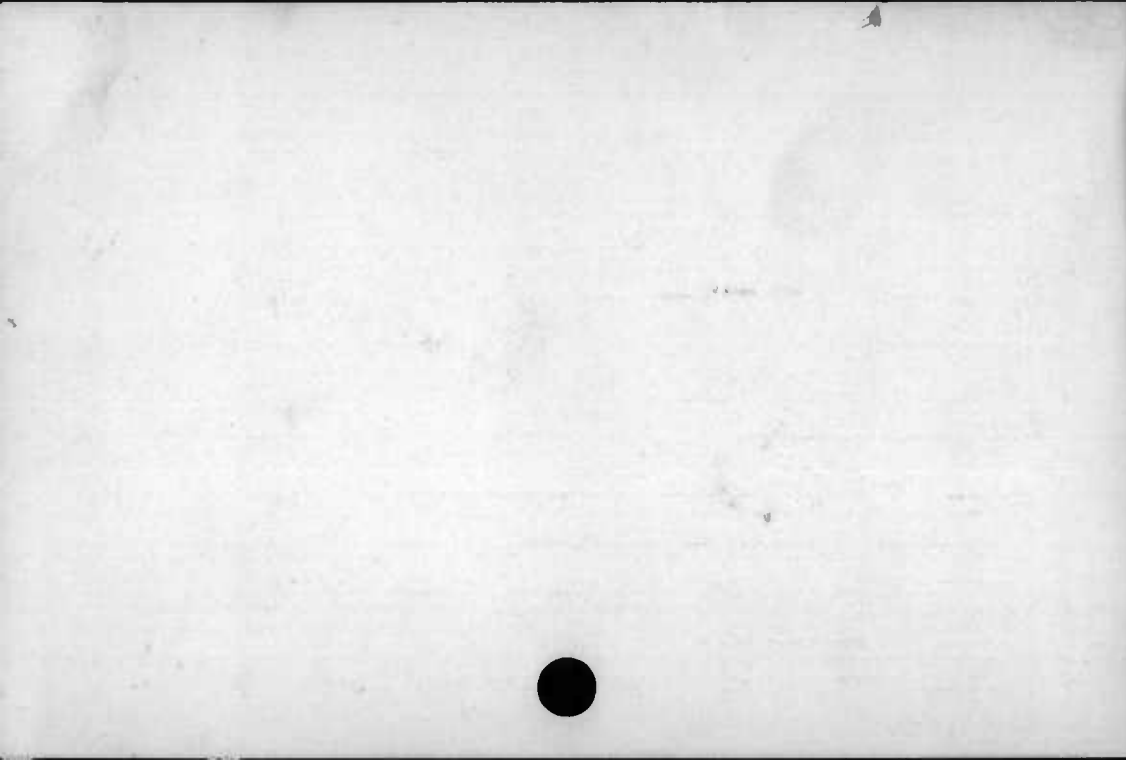
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Benj F. Pennell		Town Havre de Grace		County Harford		MARYLAND	
Died at Havre de Grace		Date of death 1907		Month July		Day 20	
Age 69		Years 69		Months 9		Days	
Sex Male		Color or Race White		Birthplace Ind.			
Occupation Fisherman		Where Residing if not at place of death					
Married, Single or Widowed Widower		Name of Wife or Husband Ann Pennell					
Father's Name Hugh Pennell		Father's Birthplace Penn.					
Mother's Maiden Name Sarah McCall		Mother's Birthplace Ind.					
Name of person giving information John Pennell		How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pul. Tuberculosis	(27)	How long 2 Yrs
Immediate Exhaustion		How long 3 wks
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. Woodward	
	Address Havre de Grace	
	Ind.	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

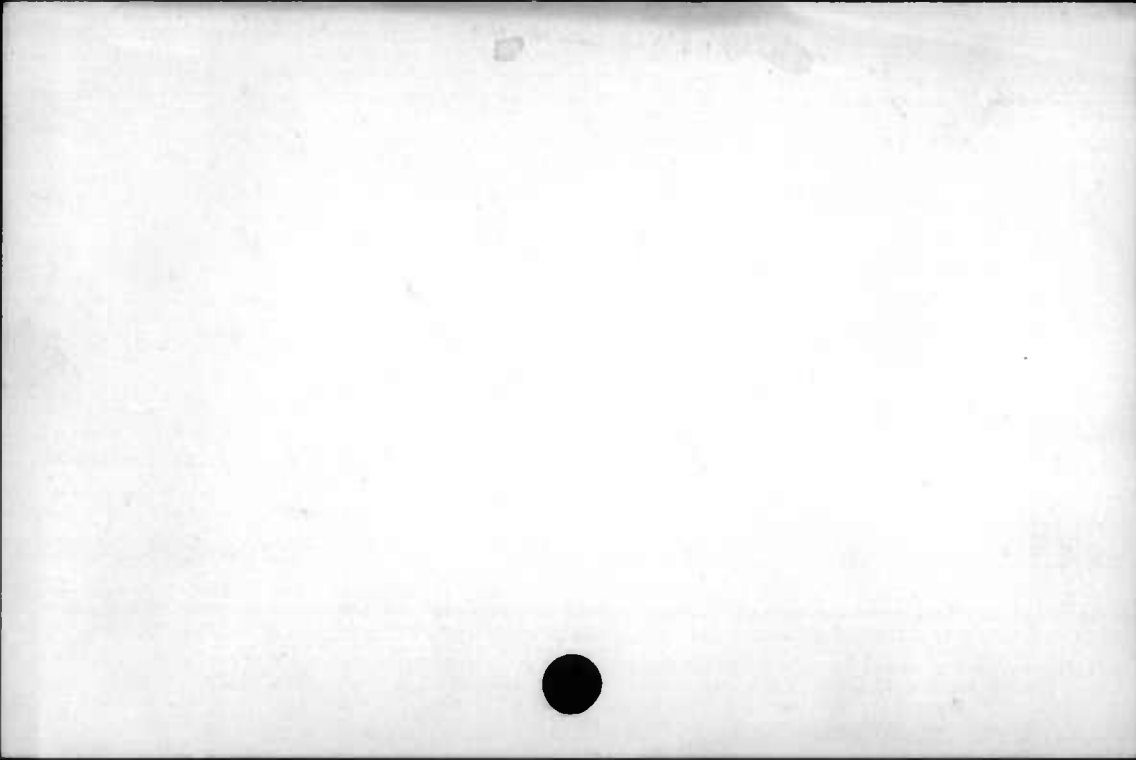
Name <i>Pauline Rogers</i>				County <i>Harford</i>		MARYLAND	
Died at <i>Whiteford</i>							
Date of death 190 <i>9</i>	Month <i>July</i>	Day <i>28th</i>	Age <i>2</i>	Months <i>7</i>	Days <i>7</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Whiteford</i>				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>George Rogers</i>				Father's Birthplace <i>Harford Co. Md.</i>			
Mother's Maiden Name <i>Miss Jones</i>				Mother's Birthplace <i>North Co. Pa.</i>			
Name of person giving information <i>George Rogers</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>4 days</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes,</i>	Signature of Physician <i>Dr. H. C. Arthur,</i>
	Address <i>Cardiff Md.</i>
Accident or Suicide?	



Name
in
Full

William Skinner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

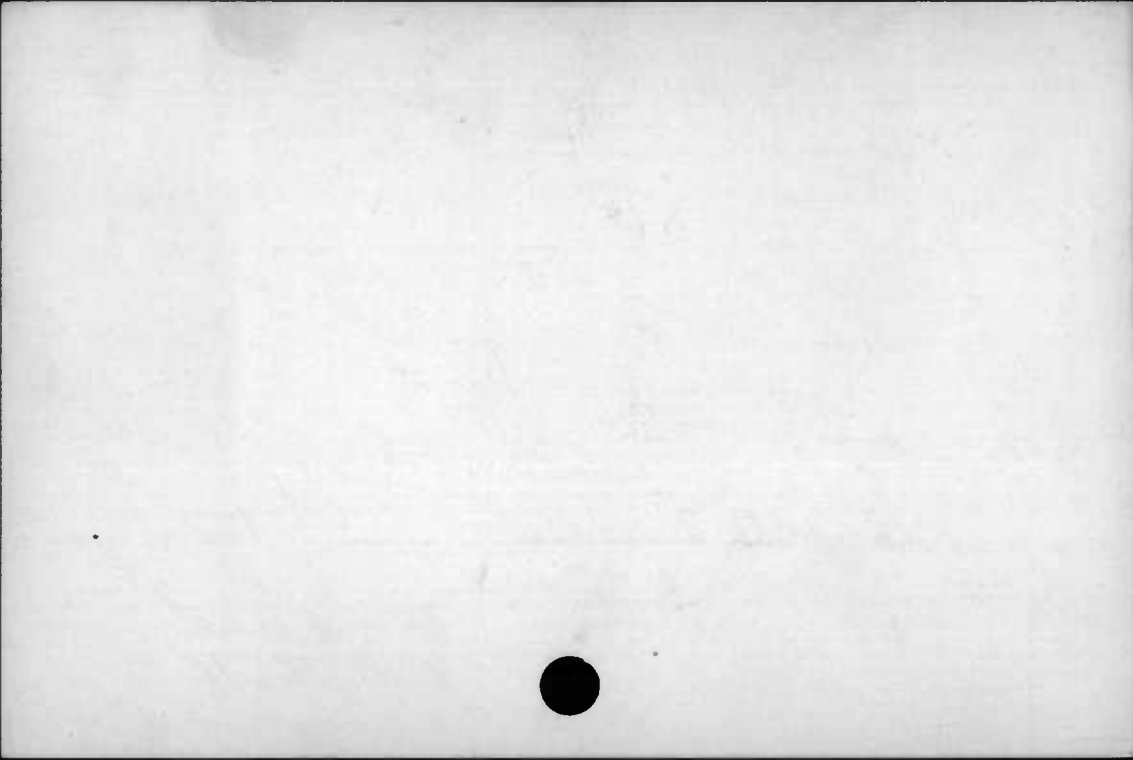
Died at <i>Harrods Grace</i> ^{Town} <i>Harford</i> ^{County}		MARYLAND	
Date of death 1907	<i>July</i> ^{Month}	<i>18</i> ^{Day}	<i>20</i> ^{Years}
		<i>6</i> ^{Months}	<i>23</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>B</i>	Birthplace <i>Harrods Grace</i>	
Occupation <i>Back River</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>J. T. Skinner</i>	Father's Birthplace <i>Edi Grace</i>		
Mother's Maiden Name <i>Lizzie Sorrell</i>	Mother's Birthplace " " "		
Name of person giving information <i>J. T. Skinner</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>About a year</i>
Immediate <i>Heart complication</i>	How long <i>2 or 3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. W. Smith</i>
	Address <i>Harrods Grace Md</i>
Accident or Suicide?	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

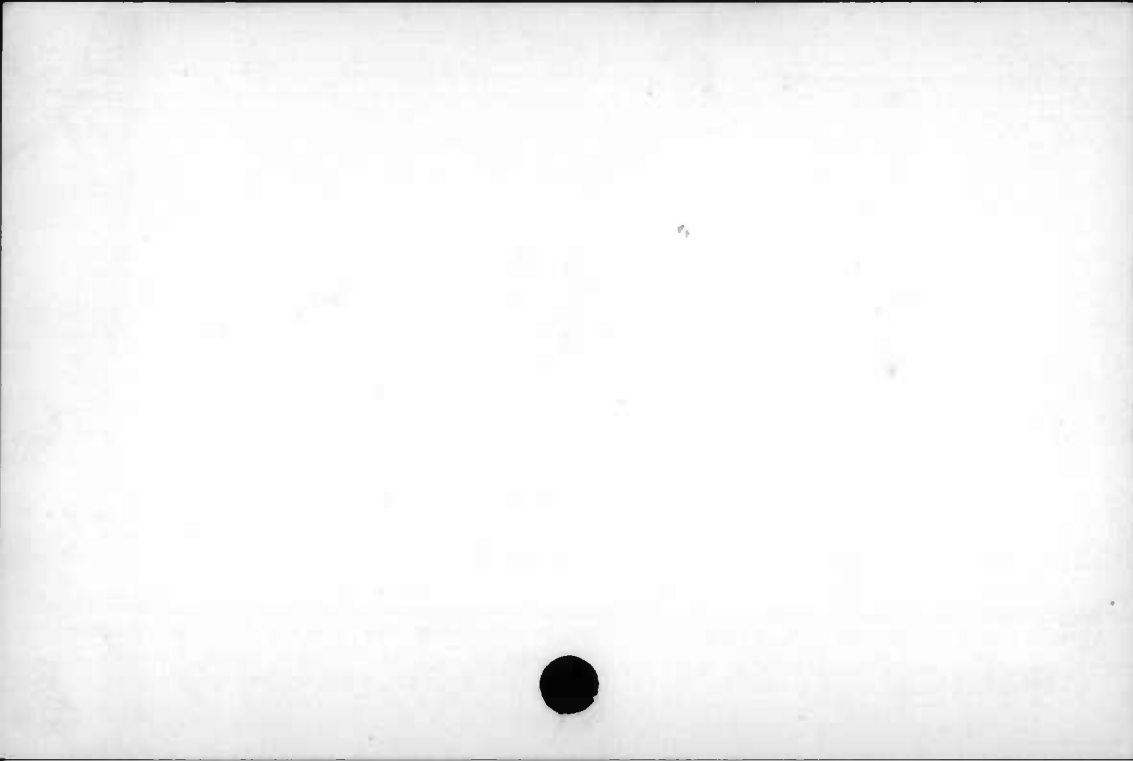
Died at <i>Federal Hill</i>		Town <i>Harford</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1907 July</i>		Month <i>July</i>		Day <i>9</i> pm		Age <i>87</i> Years	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>11</i> Days <i>—</i>	
Occupation <i>Housekeeping</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>William Slade</i>					
Father's Name <i>Baley Stclair</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Elizabeth Verney</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Miss Sally Stclair</i>				How related to deceased <i>Niece</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>		How long <i>Several years</i>	
Immediate <i>Uremia Coma</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>H. F. Bradley</i>	
		Address <i>Garrettsville</i>	
Accident or Suicide? <i>—</i>		<i>Ind</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

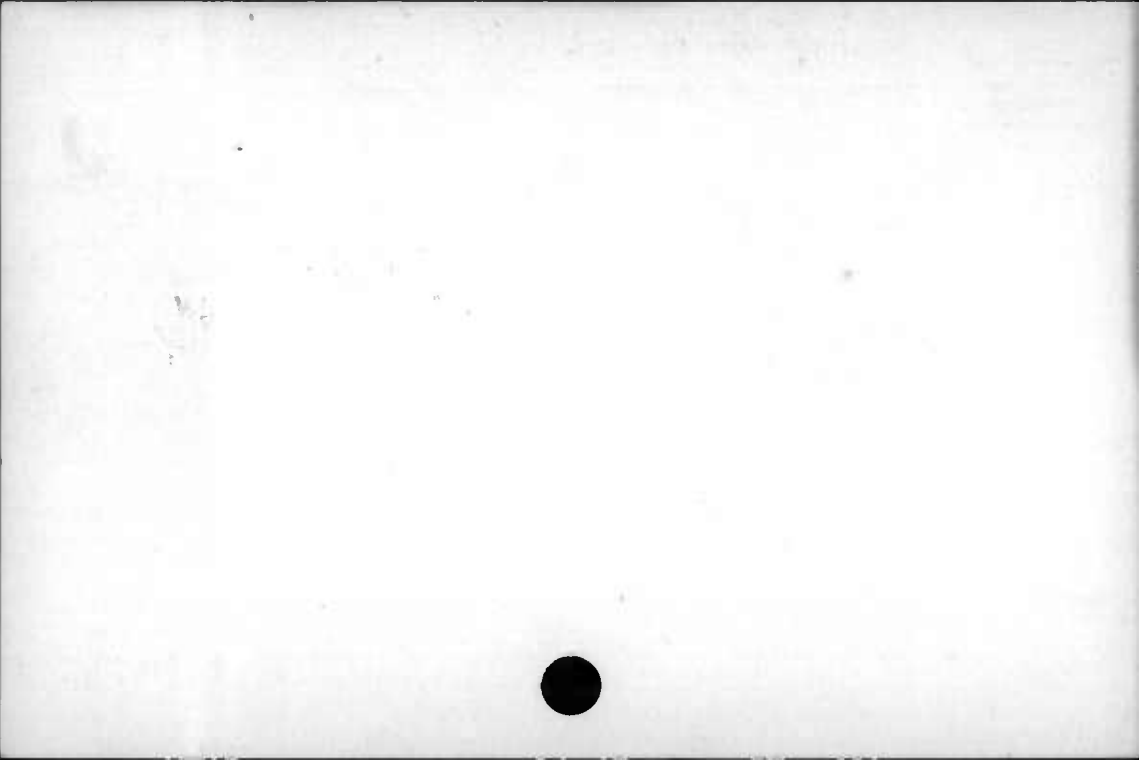
Died at <i>Coopers Town</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>July</i> ^{Month}	<i>21st</i> ^{Day}	<i>88</i> ^{Years}	<i>2</i> ^{Months}	<i>17</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Harford Co Md</i>			
Occupation <i>House-wife</i>	Where Residing if not at place of death _____				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____				
Father's Name <i>John Statters</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Esther Young</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>George Rigdon</i>	How related to deceased <i>nephew</i>				

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of stomach,</i>	How long <i>8 months</i>
Immediate <i>Exhaustion.</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Oscar D McNeen</i>
	Address <i>Jarrettsville Md.</i>
Accident or Suicide? _____	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John R. Wilson</i>		Town <i>Harre de Grace</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Harre de Grace</i>		Month <i>July</i>		Day <i>23</i>		Age <i>45</i>	
Date of death <i>1907</i>		Months <i>-</i>		Years <i>-</i>		Days <i>-</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Harre de Grace</i>			
Occupation <i>Bus & driver</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Florence Courtney</i>					
Father's Name <i>James Wilson</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Martha Cornell</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Florence Wilson</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Gastric Alcoholism</i>	How long <i>Gastric 10 days</i>
Immediate <i>Acute Mania</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. W. Smith</i>
	Address <i>Harre de Grace</i>
Accident or Suicide? <i>No</i>	

